



VERMONT DEPARTMENT OF LABOR
Economic & Labor Market Information Division

September 9, 2013

Dear Vermont Business Owner, Executive, or HR Professional:

Are you able to hire the talent you need? Every two years, the Vermont Department of Labor reports on typical benefits offered by Vermont companies and non-profits. This information allows businesses to compare their employee benefits to those offered by others of similar size. This year, your organization has been selected to participate in the Vermont Department of Labor 2013 Fringe Benefit Study. Your response is important—whether you offer any benefits or not.

All data are strictly confidential and your establishment will not be identified in any report.

Enclosed you will find a paper version of the response form. The form is also available at our secure website and ***we encourage you to complete the form online***, if possible. The paper copy lets you know what to expect. If you have more than one location in Vermont, please respond with all Vermont locations in mind, but do not include any facilities located in other states.

To complete the online form, go to the url below and follow the instructions:

www.vtlmi.info/vt2013fringe

To begin online, you will need the 4-digit Study ID Number in the lower right hand corner of this page, or see Question 1. If we have your current email address, you will also have received an email from us with a unique link to the form. It is only necessary to complete the form once. *If you have recently completed the form online already, thank you very much.*

If you have any questions, please feel free to email or call me. Thank you for your participation in the study.

Mathew Barewicz, Chief
Economic and Labor Market Information
Vermont Department of Labor
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2013 Fringe Benefit Study

Welcome to the Vermont Department of Labor 2013 Fringe Benefit Study. Your participation is greatly appreciated. All responses are **CONFIDENTIAL**. Only aggregated results will be reported.

Instructions:

- 1) Answer and submit this form even if your firm does not offer benefits. The form may be returned in the self-addressed envelope included here. No postage is necessary. If you'd prefer you may also complete the response form online at: www.vtlmi.info/vt2013fringe
If you have further questions please contact Reenie De Geus at (802) 828-4304 or email: reenie.degeus@state.vt.us or check the FAQ on the web page above.
- 2) Provide the most current information for all VERMONT locations of your firm, if possible. Use 2013 benefit plans.

If employer costs differ for different groups of workers, please report the costs that apply to the majority of workers, i.e. the most typical or common plan offered.

Thank you for your input.

Please turn to Page 2 to begin.

Mail to:
Vermont Department of Labor
Economic & Labor Market Information Division
PO Box 488
Montpelier, VT 05601-0488

1. Four-digit Study ID number.

2. HOW MANY total employees do you have, including both full-time (at least 30 hours per week) and part-time (less than 30 hours per week), at your Vermont locations?

3. HOW MANY of your Vermont workers (from Question 2) are FULL-TIME? (at least 30 hours per week)

4. Does your firm OFFER health, life, or disability insurance as a benefit to employees?

Yes (continue) No (skip to question #16 on page 6)

5. How many Full-Time Workers are OFFERED the following insurance programs?

Medical insurance	<input type="text"/>
Dental insurance	<input type="text"/>
Vision insurance	<input type="text"/>
Prescription drug coverage	<input type="text"/>
Life insurance	<input type="text"/>
Short-term disability insurance	<input type="text"/>
Long-term disability insurance	<input type="text"/>

6. How many Full-Time Workers are ENROLLED in the following insurance programs?

Medical insurance	<input type="text"/>
Dental insurance	<input type="text"/>
Vision insurance	<input type="text"/>
Prescription drug coverage	<input type="text"/>
Life insurance	<input type="text"/>
Short-term disability insurance	<input type="text"/>
Long-term disability insurance	<input type="text"/>

7. How long is the waiting period to enroll in medical insurance?

Number of days. (If 1st of month after hire, use 15.
 If no waiting period, enter zero.)

8. Which types of insurance PLANS does your firm offer? (Indicate for each type offered)

	Yes	No
Indemnity Coverage (Generally, full choice of provider)	<input type="radio"/>	<input type="radio"/>
HMO or Managed Care plan	<input type="radio"/>	<input type="radio"/>
PPO (Preferred Provider Plan)	<input type="radio"/>	<input type="radio"/>
POS (Point of Service plan)	<input type="radio"/>	<input type="radio"/>
Cafeteria benefits plan	<input type="radio"/>	<input type="radio"/>
HDHP (High Deductible Health Plan)	<input type="radio"/>	<input type="radio"/>
HSA (Health Savings Account)	<input type="radio"/>	<input type="radio"/>

9. IF your firm offers a Health Savings Account, how much is your firm's annual contribution per employee?

Dollar amount \$
 ---or---
 Percent of wage %

10. What is the FIRM'S COST per enrolled Full-Time employee for health insurance PREMIUMS each month? (Use the most popular plan, if more than one.)

Single plan \$ per enrolled employee per month

Single +1 plan \$ per enrolled employee per month

Family plan \$ per enrolled employee per month

11. For each plan offered, what is the annual DEDUCTIBLE PER PERSON?

Indemnity Coverage \$

HMO or Managed Care plan \$

PPO (Preferred Provider Plan) \$

POS (Point of Service plan) \$

Cafeteria benefits plan \$

HDHP (High Deductible Health Plan) \$

12. Approximately how many Full-Time employees are enrolled in each type of medical coverage?

Number in Single plan

Number in Single+1 plan

Number in Family plan

13. CHANGES

In the last five years, has your firm:

	Add/ increase	Drop/ decrease	No Change
Added or dropped medical coverage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changed deductibles, co-payments, or co-insurance rates?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changed the percentage share of PREMIUMS paid by the EMPLOYEE?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

14. For each type of enrollment, what percentage of the medical insurance premium is paid by the EMPLOYER? If your firm offers multiple plans, please give the percentages for the most popular plan.

Percent of *Single* premium paid by employer %

Percent of *Single+1* premium paid by employer %

Percent of *Family* premium paid by employer %

15. Do you offer medical insurance coverage to Part-Time employees?

- Yes, and the employer contribution is the same as for full-time workers
- Yes, but the firm pays a smaller share of the cost than for full-time workers
- Yes, part-time workers may enroll, but the firm does not contribute to the cost
- No

Please continue on page 6...

16. How many paid holidays per year does your firm offer to Full-Time employees?

17. Does your firm offer paid leave to Full-Time workers?

- Yes (continue) No (skip to question #22 on the next page)

18. If your firm offers paid leave, is it in the form of separate vacation/sick/personal leave, or is it consolidated leave?

- Separate types (go to question #19)
 Consolidated (skip to question #20)

19. Number of paid leave days per year for Full-Time workers (enter zero if none)

Vacation days (after 1 yr)

Vacation days (after 5 yrs)

Sick days (after 1 yr)

Sick days (after 5 yrs)

Personal days (after 1 yr)

Personal days (after 5 yrs)

20. Number of paid leave days per year for Full-Time workers (skip if not offered)

Consolidated leave days (after 1 yr)

Consolidated leave days (after 5 yrs)

21. Does your firm offer any kind of paid leave to Part-Time workers?

- Yes No

22. Does your firm offer a retirement plan with employer contributions?

- Yes (continue) No (skip to question #26 below)

23. How many Full-Time workers are OFFERED a retirement plan?

24. How many Full-Time workers are ENROLLED in a retirement plan?

25. Among enrolled Full-Time workers, what is the average or typical dollar contribution to the retirement plan BY THE FIRM?

Dollar amount \$

--or--

Percent of wage %

26. Does your firm offer any of the following education-related benefits?

	Yes	No
Tuition reimbursement	<input type="radio"/>	<input type="radio"/>
Tuition advance	<input type="radio"/>	<input type="radio"/>
Paid time off to attend classes	<input type="radio"/>	<input type="radio"/>
Other (please specify/comment)		

Please continue on page 8...

27. Does your firm offer any of the following benefits?

	Yes	No
Child care? (e.g. on- or off-site daycare, reimbursements, etc.)	<input type="radio"/>	<input type="radio"/>
Elder care? (e.g. placement assistance, etc.)	<input type="radio"/>	<input type="radio"/>
Non-production bonuses? (e.g. hiring, signing, year-end, attendance, etc.)	<input type="radio"/>	<input type="radio"/>
Flexible Spending Accounts? (pre-tax setaside from paychecks for qualified expenses)	<input type="radio"/>	<input type="radio"/>
Telecommuting?	<input type="radio"/>	<input type="radio"/>
Transportation subsidy? (bus, carpool, etc.)	<input type="radio"/>	<input type="radio"/>
Health club subsidy?	<input type="radio"/>	<input type="radio"/>
EAP services (Employee Assistance Program)	<input type="radio"/>	<input type="radio"/>
Other (optional comments)		

The Vermont Department of Labor is currently conducting research about the prevalence of jobs related to conserving energy, reducing waste and limiting resource use. Questions 28-30 address this topic:

28. How many employees are tasked with efforts to conserve energy, reduce waste, or limit resource use as their PRIMARY responsibility?

29. How many employees are tasked with efforts to conserve energy, reduce waste, or limit resource use as A PORTION their responsibilities?

30. Would you be interested in participating in a brief 5-minute survey about these practices? If you answer 'yes,' someone from the Vermont Dept. of Labor will contact you in 7 to 10 business days.

Yes No

31. How many years has your firm been in business?

32. Type of firm

For Profit Non Profit or L3C

33. What percentage of your workers belong to a union? (Best estimate)

34. Does your firm have an affiliation with a national or multi-state company that determines the benefits package for your employees?

Yes No

35. IF yes, what is the overall size of the national or multi-state partner?

Under 50 employees 50 – 249 employees 250 or more employees

36. For firms with 50 or more employees: Does your firm SELF-INSURE?

Yes No

37. Contact Information: Please provide your name and contact information so that we can contact you in case we have questions. Thank you for your participation

Name

Title

Phone

Email address

38. COMMENTS: Please provide additional comments or explanations here.